

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
P-3914F1P1P2P1R1

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,053,929, granted 04/25/00, and for which a reissue patent is sought on the invention entitled Surgical Scalpel.

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The invention as claimed was unnecessarily limited. For example, new claims have been added to obviate the requirement that the cartridge include a means for substantially preventing proximal movement of the shield unless the cartridge is mounted to a handle. In addition, certain important aspects of the invention as disclosed in the specification were not claimed. For example new claims have been added that relate to the configuration of the proximal end of the blade holder and its relationship with the shield.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

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Name(s)

Registration Number

Correspondence Address: Direct all communications about the application to:

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☐ Firm or
Individual Name

26253

PATENT TRADEMARK OFFICE

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Bradley M. Wilkinson

Inventor's signature

Date

Residence

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Full name of second joint inventor (given name, family name)

Charles Hwang

Inventor's signature

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Full name of third joint inventor (given name, family name)

Anthony J. Kosinski

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Additional joint inventors:

Full name of fourth joint inventor (given name, family name)

Simon Cohn

Inventor's signature

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Full name of fifth joint inventor (given name, family name)

Ann C. Eckert

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Date:

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Full name of sixth joint inventor (given name, family name)

Noel Gharibian

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